

Mississippi Application for Automatic Six-Month Extension for Corporate Income and Franchise Tax Return

WCC

Date

Form 83-180-01-8-1-000 (Rev. 10/01)

An automatic 6-month exte extensions of time beyond	nsion of time will be allowed if I the 6-month automatic extension	Form 83-1 on will not	80 is proper be granted.	y filed by the due o The State Tax Co	date with all required mmission will not retu	taxes remitted. Additional um a confirmation.	
Calendar Year	Fiscal Your Ending						
Name of Corporation		y .			11.14.14 H.		
Mailing Address							
Maimy Address							
City				State	ZIP + 4	Telephone	
					<u> </u>		
1. If this tax year is for less tha	n 12 months, enter date tax year be	egins			and ends		
Check reason: Init	ial Return : Final Return	(Change in Acco	ounting Period			
Ot	her						
Question 2 is to be completed I reporting corporation in a comb	by a corporation not included in a conined or consolidated return.	ombined or	con so lida ted ı	eturn, or the	Round All Amo	ounts To The Nearest Dollar	
2. Amount of Payment by F	Reporting Corporation.				\$		
						ovide the name, FEIN, and amount oned by another corporation. Negative	
3. Name of Other Member	ers of an Affiliated Group F	ederal Er	nployer Iden	ification Number	An /Minimu	nount of Payment m\$25.00 Per Corporation)	
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4. Total (Line(s) 3 plus amoun	ts from any Form(s) 83-181.)				11		
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5. Total Payment with this Exte	nsion. (Line 2(e) plus Line 4) (Mak e	e payment	to State Tax (commission)	1		
such corporation. Specifically in 2) a payment line entry as indi	dentified payments include 1) a sep icated on number three (3) of this f on the "amount paid" line, and 4) a	oarate chec form, 3) a s	k/remittance p separate checl	ayment attached to F c/remittance payment	orm 83-300 with the co attached to the corpor	pecifically identified as payments by rporation's name and FEIN provided ation's return (not its parent or othe y or other notice requesting paymen	
For additional inform	mation about the filing of returns, ple	ease see o	ur website: www	w.mstc.state.ms.us			
Mail to:	Office of Revenue P.O. Box 23050 Jackson, MS 39225-3050	I declare under the penalties of perjury, that this return (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.					
				Siç	nature of Officer or Agent		